

4537

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>126</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>476</u>	
Town of <u>Hayden</u>		Local Registrar's No. _____	
or _____	(No. _____ St; _____ Ward)		
City of _____			
FULL NAME OF CHILD <u>George Wilmer Glass</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	<input checked="" type="checkbox"/>
Sex of Child <u>male</u>	<u>Twins</u> <u>Triplet</u> or other	and	Number in order of birth <u>1st</u>
			Legitimate? <u>yes</u>
			Date of Birth <u>Sept 9th</u> 191 <u>9</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Edward M. Glass</u>	Full Maiden Name <u>Ivy Glass</u>		
Residence <u>Hayden, Arizona</u>	Residence <u>Hayden, Ariz.</u>		
Color or Race <u>white</u>	Color or Race <u>white</u>		
Age at last Birthday <u>25</u> (Years)	Age at last Birthday <u>21</u> (Years)		
Birthplace <u>Pueblo, Col.</u>	Birthplace <u>Toronto, Canada</u>		
Occupation <u>Salesman</u>	Occupation <u>Housewife</u>		
Number of child of this mother... <u>2</u>	Number of children, of this mother, now living... <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Sept 9th</u> 191 <u>9</u> , at <u>9 a.</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return.			
Given or christian name added from a supplemental report _____ 191_____		(Signature) <u>Dr. W. G. Carson</u>	
		(Attending physician, midwife, householder)	
		Address <u>Hayden, Arizona</u>	
772-909-972		LOCAL REGISTRAR.	
COUNTY REGISTRAR.	FILED <u>Sept 11</u> 191 <u>9</u>	A True Copy <u>B. J. Gray</u>	
	FILED <u>Oct 6</u> 191 <u>9</u>	COUNTY REGISTRAR.	